

Case Number:	CM14-0067626		
Date Assigned:	07/11/2014	Date of Injury:	10/09/2012
Decision Date:	08/13/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old female who reported an injury on 10/09/2012. The mechanism of injury was not stated. Current diagnoses include right knee arthropathy, status post right knee arthroscopy in 01/2013 and chronic right knee pain. The injured worker was evaluated on 04/09/2014 with complaints of persistent right knee pain. The injured worker was actively participating in physical therapy. Physical examination revealed 0 to 100 degree range of motion of the right knee with mildly positive McMurray's testing and slight crepitus. Treatment recommendations included a prescription for Motrin 800 mg and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2 X 6 Weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state physical medicine treatment for pain in a joint includes 9 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Additionally, there is no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, the request is not medically necessary.